

**RENEWAL POLICY STATEMENT
FOR FREE AND REDUCED PRICE MEALS**

(Name of School Food Authority) _____ is amending its current State-approved Free and Reduced Price Policy Statement for the 20__-20__ school year with the following changes and/or additions for the 20__-20__ school year:

N/A

Attachment A: Income Eligibility Guidelines

_____ **Attachment B:** Revision to Letter to Households (revised copy attached)

_____ **Attachment C:** Revision to Application Forms and Instructions (revised copy attached)

_____ **Attachment D:** Revision to Notification of Eligibility Letters (revised copy attached)

_____ **Attachment E:** Public/Media Release (**copy attached to document submission to local media**)

_____ **Attachment F:** Revisions in Meal Count/Collection Procedures (amendment attached)

_____ **Attachment G:** Revision to Notification of Selection for Verification (revised copy attached)

_____ **Attachment H:** Letter of Verification Results (revised copy attached)

N/A

Attachment I: Verification Tracker/Roster

_____ **Attachment J:** Revision to Notice/Letter of Predetermined Eligibility (revised copy attached)

***Please note that if the current prototypes provided by the State Office have been used, it is NOT necessary to re-submit these for approval. Sufficient quantities may be reproduced locally as needed.**

APPROVED BY:

S. C. Department of Education
Office of School Food Services and Nutrition:

District Use:

Director, State Office of School Food Services and Nutrition

Signature of Authorized School Food Authority Representative

Date

Date